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Sequence Number: _____

Notice ID(s): _____

File Date: _____

Notice of Rulemaking Hearing

Hearings will be conducted in the manner prescribed by the Uniform Administrative Procedures Act, T.C.A. § 4-5-204. For questions and copies of the notice, contact the person listed below.

Agency/Board/Commission:	Health Services and Development Agency
Division:	N/A
Contact Person:	Jim Christoffersen, General Counsel
Address:	Andrew Jackson Bldg., Suite 850, 500 Deaderick St., Nashville, TN 37243
Phone:	(615) 741-2364
Email:	jim.christoffersen@tn.gov

Any Individuals with disabilities who wish to participate in these proceedings (to review these filings) and may require aid to facilitate such participation should contact the following at least 10 days prior to the hearing:

ADA Contact:	Jim Christoffersen, General Counsel
Address:	Andrew Jackson Bldg., Suite 850, 500 Deaderick St., Nashville, TN 37243
Phone:	(615) 741-2364
Email:	jim.christoffersen@tn.gov

Hearing Location(s) (for additional locations, copy and paste table)

Address 1:	Davy Crockett Tower, Room 160, 500 James Robertson Parkway		
Address 2:			
City:	Nashville, TN		
Zip:	37243		
Hearing Date :	04/30/2012		
Hearing Time:	8:30 a.m.	<input checked="" type="checkbox"/> X CST/CDT <input type="checkbox"/> EST/EDT	

Additional Hearing Information:

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Revision Type (check all that apply):

- ☒ Amendment
☐ New
☐ Repeal

Rule(s) (ALL chapters and rules contained in filing must be listed. If needed, copy and paste additional tables to accommodate more than one chapter. Please enter only **ONE** Rule Number/Rule Title per row.)

Chapter Number	Chapter Title
0720-10	Certificate of Need Program – Scope and Procedures
Rule Number	Rule Title
0720-10-.06	Expiration, Revocation and Modification of Issued Certificates

Rule 0720-10-.06 Expiration, Revocation and Modification of Issued Certificates is amended by adding a new subparagraph (b) to paragraph (9) so that as amended the new subparagraph shall read:

- (b) Application to The Agency for the addition of therapeutic cardiac catheterization to an issued certificate that is limited to diagnostic cardiac catheterization shall be made by the filing of a new certificate of need application.

Authority: T.C.A. §§ 4—5—202; 68—11—1605; 68—11—1606; 68—11—1607

I certify that the information included in this filing is an accurate and complete representation of the intent and scope of rulemaking proposed by the agency.

Date: March 8, 2012

Signature: _____

Name of Officer: Melanie M. Hill

Title of Officer: Executive Director

Subscribed and sworn to before me on: _____

Notary Public Signature: _____

My commission expires on: _____

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Filed with the Department of State on: _____

Tre Hargett
Secretary of State